

**COMMONWEALTH OF MASSACHUSETTS**

SUFFOLK, SS.

**CIVIL SERVICE COMMISSION**

One Ashburton Place: Room 503  
Boston, MA 02108  
(617) 727-2293

SHANDRALEE LERRO,  
Appellant

v.

G1-06-115

BOSTON POLICE DEPARTMENT,  
Respondent

Appellant's Attorney:

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Commissioner:

Christopher C. Bowman

## DECISION

Pursuant to the provisions of G.L. c. 31, § 2(b), the Appellant, Shandree Lerro (hereafter “Lerro” or Appellant”) appealed the decision of the Personnel Administrator to accept the reasons of the Respondent, the Boston Police Department (hereafter “Appointing Authority”, “City” or “BPD”), bypassing her for original appointment to the position of police officer as she was deemed to be psychologically unfit for appointment to the position. A full hearing was held on September 8, 2006 and October 17, 2006 at the offices of the Civil Service Commission. Six (6) tapes were made of the hearing.

### **FINDINGS OF FACT:**

Forty-three (43) exhibits were entered into evidence at the hearing. Based on these exhibits and the testimony of the following witnesses:

#### For the Appointing Authority:

- Dr. Julia M. Reade;

#### For the Appellant:

- Shandree Lerro, Appellant;
- Captain Kelley McCormick;
- Dr. James C. Beck;
- Dr. Mark S. Schaefer;

I make the following findings of facts:

1. The Appellant is a twenty-two (22) year old female who was born and raised in South Boston. (Testimony of Appellant)
2. The Appellant received her bachelor’s degree in Criminal Justice from Northeastern University. While at Northeastern, the Appellant interned with the Boston Police Department Youth Strike Force, the Gang Unit, for 1 ½ years. In the Gang Unit, the Appellant performed mostly administrative duties, however, she did participate in

some “ride alongs” and had contact with the public and other police officers.

(Testimony of Appellant)

3. The Appellant testified that she was first diagnosed with Obsessive Compulsive Disorder (OCD) when she was in fifth grade as a result of her parents going through a divorce and her aunt dying of lymphoma. She testified that she has been medicated since that time and decided to taper off her medication in January 2006 because she feels that she does not need it anymore. (Testimony of Appellant)
4. The Appellant has a family history of mental illness. (Exhibit 25)
5. The Appellant has seen a nurse practitioner since at least 1999 for OCD. The nurse practitioner has recommended and/or discussed outpatient Cognitive Behavioral Therapy (CBT) at least six times during her course of treatment with the Appellant, the latest on October 22, 2004. The Appellant never obtained CBT. (Exhibit 25)
6. The nurse practitioner recommended, discussed, suggested and/or distributed information to the Appellant regarding the Center for Anxiety Disorder Clinic, the latest on May 23, 2005. The Appellant never sought that counseling. (Exhibit 25)
7. On September 30, 2002, the Appellant reported to the nurse practitioner that she was struck by a motor vehicle while in a crosswalk over the weekend. Eight months later, in May 2003, the nurse practitioner reported that, “she (the Appellant) has been frightened to cross the street since her accident and symptoms are worsening over the past two months. States that she can’t bring self to cross the street at times and has had hysterical crying fits during these episodes. Is avoidant of having to cross street and also notes that she is obsessing re: scar on her back. She states that she is

extremely self-conscious re: her scar and is worried that she will not be able to go to the beach in Fla because she doesn't want others to see it..." (Exhibit 25)

8. The Appellant took the most recent examination for the position of police officer and scored a ninety-four (94) on the open competitive examination. (Testimony of Appellant)
9. On December 12, 2005, the Appellant's name appeared on Certification 251238 for the position of female police officer for the Boston Police Department. (Stipulated Facts & Exhibit 32)
10. On or about November 11, 2005, the Appellant met with the Department's Recruitment Investigations Unit and provided them with her Student Officer Application, three (3) letters of personal reference, supervisor/human resources data forms and three confidential neighborhood assessment forms. (Stipulated Facts and Exhibit 22)
11. On December 28, 2005, the Department offered the Appellant a conditional offer of employment as a police officer contingent upon successfully completing the medical and psychological screening components of the hiring process. (Exhibit 21)
12. The Boston Police Department had previously submitted a psychological screening plan to the state's Human Resource Division (HRD) which was approved by HRD in July 2004. (Exhibit 33)
13. On January 5, 2006, the Appellant completed the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the Personality Assessment Inventory ("PAI"). (Stipulated Facts)

14. Dr. Schaefer, a licensed psychologist who testified on behalf of the Appellant, testified that the MMPI-2 is the “best researched, grand-daddy of tests” and that it can either be scored by computer or by hand. (Testimony of Dr. Schaefer)

15. . The BPD had the Appellant’s MMPI-2 and PAI results scored and interpreted by a computer. (Testimony of Dr. Schaefer)

*Summary of MMPI-2 and PAI computer-generated reports*

16. The Appellant’s MMPI-2 and PAI results were “not particularly problematic”.  
(Exhibits 26 and 35; Testimony of Dr. Schaefer)

*Opinions of Appointing Authority Psychiatrists (Dr. Andrew Brown & Dr. Julia M. Reade)*

17. Subsequent to taking the MMPI-2 and PAI examinations, the Appellant was interviewed by two Appointing Authority psychiatrists, Dr. Andrew Brown and Dr. Julia M. Reade. Dr. Reade testified at the Commission hearing for the Appointing Authority.

18. Dr. Brown noted in writing that, “[s]uggestibility, vulnerability to peer pressure, and associated lapses in judgment were present in late adolescence, and are still relevant concerns due to the applicant’s relative youth . . . .” (Exhibit 26)

19. Dr. Brown highlighted that, “[t]he applicant significantly minimized her history of OCD, her history of acute stress disorder, and her history of psychiatric treatment. The records reflecting the applicant’s psychiatric treatment are remarkable insofar as they reveal a level of a) stress intolerance/vulnerability to stressors; b) affective instability; c) treatment intensity, that was significantly in excess of what was volunteered by the applicant in the context of her interview.” (Exhibit 26)

20. Dr. Brown ultimately concluded that, “[t]here is evidence that vulnerabilities directly and indirectly associated with her Axis I Psychiatric Disorder (i.e., OCD) would significantly limit the applicant’s capacity to sustain work capacity in the context of demands associated with employment as an armed police officer. The principal problem in this applicant derives from the absence of sufficient stress tolerance. In addition, and more specifically, the applicant would be expected to be limited in her capacity to dependably exercise good judgment in the context of a situation which she might experience as distressing. The applicant’s history and presentation suggest that a significant level of vulnerability to emotional distress is present in this applicant. In addition, the applicant has never enjoyed sustained or complete remission of symptoms attributable to her obsessive compulsive disorder.” (Exhibit 26)
21. On January 30, 2006, based on Dr. Brown’s unfavorable evaluation and pursuant to the HRD approved psychological screening plan, the Appellant was interviewed by Dr. Julia M. Reade for a Second Opinion Psychiatric Review. (Exhibit 27)
22. Dr. Reade is a Board Certified psychiatrist who has worked for the BPD for 8-9 years conducting Second Level Psychiatric Interviews for police officer recruits. She is Board Certified in General Psychiatry and Forensic Psychiatry and has extensive experience in Law and Psychiatry as well as Occupational Psychiatry. (Testimony of Dr. Reade and Exhibit 43)
23. Dr. Reade has conducted approximately 200 Second Level Psychiatric Screenings for the Boston Police Department. (Testimony of Dr. Reade)
24. Dr. Reade conducts Second Level Psychiatric Screening interviews when the first level screener deems an applicant as not psychologically fit to be a Boston police

officer and when an applicant was psychologically bypassed in the past, has reapplied and subsequently deemed psychologically fit by Dr. Brown or another first level screener. (Testimony of Dr. Reade)

25. Dr. Reade has overruled the first level screener and has deemed recruits as psychologically fit to be Boston police officers approximately 10%-20% of the time. (Testimony of Dr. Reade)

26. Dr. Reade testified that the Department's Psychological Screening Process is in place because the Boston Police Officer position is a complicated job, a high stakes job, that requires autonomy, the ability to get along well with others, adjust to difficult circumstances, review and be accountable for your own behaviors, adjust to a hierarchal structure, be flexible, deal with very high levels of stress and deal with high levels of boredom. She also testified that the process is important to protect the safety of the general public; the safety of the actual recruit/police officer; the safety of their partner(s); and the reputation of the Department. (Testimony of Dr. Reade)

27. Dr. Reade stressed the high stakes nature of a police officer's job and the impact their split second decision can have on themselves and others. (Testimony of Dr. Reade)

28. After the interview, Dr. Reade generated a summary report that was not meant to be an exhaustive report that delineates every specific detail, reason and rationale for her recommendation to bypass. (Testimony of Dr. Reade and Exhibit 27)

29. Prior to the interview, Dr. Reade reviewed the Appellant's background documents, including the recruit investigation file and personal data questionnaire, and her MMPI-2 and PAI test scores/results. (Testimony of Dr. Reade)

30. Dr. Reade used the MMPI-2 and the PAI to help focus her inquiry during her interview with the Appellant. (Testimony of Dr. Reade)
31. Dr. Reade's observations of her interview with the Appellant were subsequently recorded in her summary report, which in part, stated, "Although clearly resilient, Ms. Lerro has had exuberant responses to various setbacks in her life. For example, she developed OCD in the wake of her parent's divorce, feelings of despair over a change in career plans during her teens, phobic avoidance after her car accident, and, most recently, burst into tears at the Police Department when a nurse indicated that Ms. Lerro's psychiatric record was relevant to her application." (Exhibit 27)
32. Dr. Reade concluded her report stating that, "[w]ith respect to her ability to function as a police officer, Ms. Lerro, in my opinion, would be vulnerable to anxiety and stress responses when exposed to disturbing events. She has many strengths, however, and with additional maturity, may be better equipped to handle the emotional rigors of police work. For these reasons, Ms. Lerro is currently found NOT ACCEPTABLE." (Exhibit 27)
33. Dr. Reade testified to seeing a number of "soft-signs" of OCD during her course of evaluation of the Appellant. (Testimony of Dr. Reade)
34. In a letter dated April 3, 2006 from Robin W. Hunt, the Boston Police Department Human Resources Director, the Appellant was informed, among other things, that the "results of your psychological screening indicate that you cannot adequately perform the essential functions of the public safety position for which you have applied and a reasonable accommodation is not possible. Therefore you will not be appointed as a police officer at this time." (Exhibit 29)



35. In a letter dated April 3, 2006, the BPD notified HRD that the Appellant failed to meet the psychological criteria for appointment as a police officer and that it was bypassing her for the position of female police officer. Specifically, the BPD stated that it was relying upon Dr. Reade's second opinion report, concurred in by Dr. Brown, which psychologically disqualified the Appellant. (Exhibit 30)

36. On June 15, 2006, HRD accepted the Department's reasons for bypassing the Appellant. (Exhibit 31)

*Opinions of Appellant Psychiatrists (Dr. Mark Schaefer & Dr. James Beck)*

37. On July 28, 2006, Dr. James Beck interviewed and performed an independent psychological consultation of the Appellant. (Exhibit 42)

38. Dr. Beck is a licensed psychologist and board certified psychiatrist who is a graduate of Harvard and Yale. He has taught at the Harvard Medical School for over thirty (30) years. Dr. Beck has conducted numerous police "fitness for duty" interviews, but was unable to recall if had participated in any "prescreening" for police recruits. (Testimony of Dr. Beck)

39. In the 1970s, Dr. Beck served as a consultant to the state's Human Resources Division (then the Personnel Administration) and participated in earlier versions of HRD's regulations with respect to psychological evaluations. He has never worked with the City of Boston Police Department. (Testimony of Dr. Beck)

40. Dr. Beck interviewed the Appellant's Recruit Application materials, the results of her MMPI-2 and the PAI, as well as the reports of Dr. Brown and Dr. Reade disqualifying the Appellant. (Exhibit 42)

41. Dr. Beck testified that, in his opinion, there absolutely must be a diagnosable psychological disorder in order to bypass someone. (Testimony of Dr. Beck)
42. On this key point, Dr. Reade, the Appointing Authority's psychiatrist, disagreed stating that a person's "psychological traits and characteristics" could disqualify an applicant for a job as a police officer. Moreover, according to Dr. Reade, a mental "disorder" can comprise "a constellation of enduring characteristics or traits that affect a person's ability to perform." (Testimony of Dr. Reade)
43. The issue of whether or not the presence of a psychological "disorder" is the bar for justifying a psychological bypass was a central issue throughout this proceeding. In regard to this issue, The Boston Police Department Psychological Screening Plan, which was approved by HRD states:
- "The goal of this proposed psychological screening process is to identify candidates who may exhibit evidence of a mental disorder as described in the Regulations for Initial Medicine and Physical Fitness Standards Tests for Municipal Public Safety Personnel, promulgated by the Human Resource Division and as recommend (sic) by the Police Psychological Services Section of the International Association of Chiefs of Police Pre-Employment Psychological Evaluation Guidelines. This process will be used to detect through a review of the background investigation, personal history as provided by the candidate, psychological testing, interviews, any psychological or behavioral characteristics, which would significantly interfere with the candidate's successful performance of the essential functions duties (sic) of the position of Boston Police Officer." (emphasis added) (Exhibit 33)
44. The "Regulations for Initial Medical and Physical Fitness Standards Tests for Municipal Public Safety Personnel" establishes two categories of medical conditions, "Category A" and "Category B".
- A "Category A" Medical Condition is "a medical condition that would preclude an individual from performing the essential job functions of a municipal police officer,

or present a significant risk to the safety and health of that individual or others.”

(emphasis added)

A “Category B” Medical Condition is “a medical condition that, base on its severity or degree, may or may not preclude an individual from performing the essential job functions of a municipal police officer, or present a significant risk to the safety and health of that individual or others. (emphasis added) (Exhibit 36)

45. Using the same above-referenced “A” and “B” categories, the “Psychiatric” section of the regulations indicated that a “Category A” medical condition shall include:

“disorders of behavior; anxiety disorders; disorders of thought; disorders of mood; disorders of personality.” A “Category B” medical condition shall include: “a history of any psychiatric condition, behavior disorder, or substance abuse problem not covered in Category A. Such history shall be evaluated base on that individual’s history, current status, prognosis, and ability to respond to the stressor’s job;” or “any other psychiatric condition that results in an individual not being able to perform as a police officer.” (emphasis added) (Exhibit 36)

46. Notwithstanding the dispute regarding the issue of whether a psychological disorder must exist to bypass an individual for appointment, Dr. Beck’s conclusion regarding Ms. Lerro stated that, “the record of Ms. Lerro’s life does not support the conclusions of Dr. Reade and Brown. Ms. Lerro believes that she has the emotional stability to be a police officer, and nothing in her life history and present function contradicts that. She has succeeded at everything she has tried. She wants to be a police officer. She has some experience that provides her with a basis to know that she is getting into. Weighted against her history of successful adult function the opinions of two mental

health professionals are an insufficient basis to deny the BPD and Ms. Lerro employment with the BPD.” (Exhibit 42)

47. On August 30, 2006, Dr. Mark Schaefer interviewed and performed an independent psychological consultation of the Appellant. (Testimony of Dr. Schaefer and Exhibit 38)

48. Dr. Schaefer is a licensed clinical and forensic psychologist. He has been performing psychological pre-screenings for police departments, including those in Watertown, Framingham, Lynn and Randolph, since 1980. He has administered and interpreted hundreds of MMPI's. In this capacity, Dr. Schaefer has served as a first level screener of police department applicants. He testified that, of the candidates he has interviewed over the years, he has only recommended bypassing about 5% for psychological reasons. Among those 5% of cases in which he believed the candidate should be disqualified for psychological reasons, Dr. Schaefer testified that, “the majority of time I’m overruled” by a 2<sup>nd</sup> level psychiatrist. (Testimony of Dr. Schaefer)

49. Dr. Schaefer concluded that, “I see no indication that this candidate currently manifests gross psychopathology or poor judgment, nor a significant history of anti-social behavior and/or impulse control problems which might interfere with job performance as a police officer. There was also no indication that the candidate experiences a loss of reality orientation under stress and no indications of any current dependence on alcohol or drugs. Based on these results, I would not recommend disqualification of this candidate for the position of police officer for the Boston Police Department. (emphasis in original) (Exhibit 38)

*Testimony of Appellant's Supervisor at the Boston Police Department*

50. The Appellant's former supervisor, Captain Kelly McCormick, testified that the Appellant, as a former intern in the Gang Unit, was a hard working and reliable individual. He testified that he believed the Appellant would make an excellent police officer. (Testimony of Captain McCormick)

*Follow-Up Psychological Evaluation*

51. Subsequent to this appeal, the Appellant was given another conditional offer of employment via a new certification requested by the Boston Police Department -- and she was once again evaluated by Dr. Reade. Based on Dr. Reade's recommendation, the Appellant was again bypassed for psychological reasons. (Testimony of Dr. Reade)

**CONCLUSION:**

The role of the Civil Service Commission is to determine "whether the Appointing Authority has sustained its burden of proving that there was reasonable justification for the action taken by the appointing authority." City of Cambridge v. Civil Service Commission, 43 Mass. App. Ct. 300, 304 (1997). Reasonable justification means the Appointing Authority's actions were based on adequate reasons supported by credible evidence, when weighed by an unprejudiced mind, guided by common sense and by correct rules of law. Selectmen of Wakefield v. Judge of First Dist. Ct. of E. Middlesex, 262 Mass. 477, 482 (1928). Commissioners of Civil Service v. Municipal Ct. of the City of Boston, 359 Mass. 214 (1971). G.L. c. 31, s. 2(b) requires that bypass cases be determined by a preponderance of the evidence. A "preponderance of the evidence test requires the Commission to determine whether, on the basis of the evidence before it, the

Appointing Authority has established that the reasons assigned for the bypass of an Appellant were more probably than not sound and sufficient." Mayor of Revere v. Civil Service Commission, 31 Mass. App. Ct. 315 (1991).

Appointing Authorities are rightfully granted wide discretion when choosing individuals from a certified list of eligible candidates on a civil service list. The issue for the commission is "not whether it would have acted as the appointing authority had acted, but whether, on the facts found by the commission, there was reasonable justification for the action taken by the appointing authority in the circumstances found by the commission to have existed when the Appointing Authority made its decision." Watertown v. Arria, 16 Mass. App. Ct. 331, 334 (1983). *See* Commissioners of Civil Serv. v. Municipal Ct. of Boston, 369 Mass. 84, 86 (1975) and Leominster v. Stratton, 58 Mass. App. Ct. 726, 727-728 (2003). However, personnel decisions that are marked by political influences or objectives unrelated to merit standards or neutrally applied public policy represent appropriate occasions for the Civil Service Commission to act. City of Cambridge, 43 Mass. App. Ct. at 304.

The Boston Police Department employs approximately 2,000 sworn officers. Inherent in their responsibilities is the ability to confront dangerous, stressful and life-threatening situations on a daily basis. The City's current crime statistics provide a glimpse of the dangers facing these public servants. During the first six months of 2006, the City reported 41 homicides, 173 rapes or attempted rapes, over 1,300 robberies or attempted robberies and over 2,300 cases of aggravated assault. (Boston Police Department: Reported Part One Crime in the City of Boston by Offense and by District / Area; January 1<sup>st</sup> – July 16<sup>th</sup>, 2006 Data)

Dr. Julia Reade, the Boston Police Department contracted psychiatrist who conducted the second-level psychological screening of the Appellant, stressed the high stakes nature of a police officer's job and the impact their split second decision can have regarding their own safety as well as the safety of other police officers and the public.

Given the dangerous and stressful nature of the job, the psychological screening of potential candidates is a critical part of any police department's screening process and should be undertaken with the utmost seriousness and objectivity. To that end, the Boston Police Department developed a psychological screening plan for all police officer candidates that was approved by the state's Human Resources Division. As part of this screening process, every potential police officer recruit that is offered a conditional offer of employment, including the Appellant, must take the MMPI-2 and PAI exams, meet with a 1<sup>st</sup> Level Psychiatrist, and if he or she is given an unfavorable 1<sup>st</sup> Opinion is referred to Dr. Julia Reade for a 2<sup>nd</sup> Level Screening review.

In the instant case, two mental health professionals reviewed the Appellant's background information and test scores and results prior to conducting their interviews. After examining and evaluating the totality of the information before him, Dr. Brown concluded that, "[t]here is evidence that vulnerabilities directly and indirectly associated with her Axis I Psychiatric Disorder (i.e., OCD) would significantly limit the applicant's capacity to sustain work capacity in the context of demands associated with employment as an armed police officer. The principal problem in this applicant derives from the absence of sufficient stress tolerance. In addition, and more specifically, the applicant would be expected to be limited in her capacity to dependably exercise good judgment in the context of a situation which she might experience as distressing. The applicant's

history and presentation suggest that a significant level of vulnerability to emotional distress is present in this applicant. In addition, the applicant has never enjoyed sustained or complete remission of symptoms attributable to her obsessive compulsive disorder.”

After examining and evaluating the totality of the information before her during the 2<sup>nd</sup> level screening, Dr. Reade concluded that, “[w]ith respect to her ability to function as a police officer, Ms. Lerro, in my opinion, would be vulnerable to anxiety and stress responses when exposed to disturbing events. She has many strengths, however, and with additional maturity, may be better equipped to handle the emotional rigors of police work. For these reasons, Ms. Lerro is currently found NOT ACCEPTABLE.”

Subsequent to her disqualification, the Appellant contracted with a psychologist and a psychiatrist, both of whom, after reviewing the same information and conducting their own interviews, reached the opposite conclusion. Both of those mental health professionals testified before the Commission. Dr. Beck, the above-referenced psychiatrist who testified on behalf of the Appellant, has impeccable credentials. The overarching testimony of Dr. Beck, however, centered on his opinion that an applicant must have a “diagnosable disorder or history of a disorder” in order to be deemed unfit to serve as a police officer for psychological reasons. That is contrary to the plain language of the HRD-approved psychological screening plan, which is not being disputed by the Appellant. That plan states in part, “this (screening) process will be used to detect through a review of the background investigation, personal history as provided by the candidate, psychological testing, interviews, any psychological or behavioral characteristics, which would significantly interfere with the candidate’s successful



performance of the essential functions duties (sic) of the position of Boston Police Officer.” (emphasis added)

Dr. Schaefer, the psychologist also contracted by the Appellant, has performed 1<sup>st</sup> level screening of police officer candidates for at least four other cities and towns in Massachusetts. He testified that, on average, that he only recommends bypassing a candidate for psychological reasons approximately 5% of the time, and on those occasions, he is overruled by a 2<sup>nd</sup> level screener the majority of the time. Both of these statistics raised the eyebrow of Dr. Reade, the Appointing Authority’s psychiatrist, who suggested that the 5% disqualification rate for a 1<sup>st</sup> level screener is low. Further, Dr. Reade testified that, as a 2<sup>nd</sup> level screener, she only overrules the 1<sup>st</sup> level screener 10-15% of the time.

Despite a track record of disqualifying what appears to be a relatively low percentage of police officer candidates for psychological reasons, Dr. Schaefer did appear to take a broader view (than his colleague Dr. Beck) of what would justify a psychological bypass, focusing his testimony on any “overriding psychological or substance abuse issues” that would disqualify a candidate. Even using this broader standard, Dr. Schaefer testified that he saw nothing in the data that would disqualify the Appellant from serving as a police officer.

The Boston Police Department relied on a sound screening process and the conclusions of two highly qualified mental health professionals to bypass the Appellant for psychological reasons. Although the Appellant has received contradictory opinions from two other highly qualified mental health professionals, she has failed to show that the Department’s decision to bypass her was made with any political considerations,

favoritism or bias. The City's decision to rely on their sound psychological evaluations, despite the favorable recommendation of the Appellant's application by incumbent employees of the Boston Police Department, reinforces that the City's decision was not tainted by favoritism or bias.

For all of the above reasons, the Appellant's appeal under Docket No. G1-06-115 is hereby *dismissed*.

Civil Service Commission

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Christopher C. Bowman, Commissioner

By vote of the Civil Service Commission (Bowman, Guerin, Marquis and Taylor, Commissioners [Golblatt, Chairperson - Absent]) on November 22, 2006.

A true record. Attest:

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Commissioner

A motion for reconsideration may be filed by either Party within ten days of the receipt of a Commission order or decision. A motion for reconsideration shall be deemed a motion for rehearing in accordance with M.G.L. c. 30A § 14(1) for the purpose of tolling the time for appeal.

Any party aggrieved by a final decision or order of the Commission may initiate proceedings for judicial review under section 14 of chapter 30A in the superior court within thirty (30) days after receipt of such order or decision. Commencement of such proceeding shall not, unless specifically ordered by the court, operate as a stay of the commission's order or decision.

Notice:

Leah M. Barrault, Esq.  
Tsuyoshi Fukuda, Esq.  
Martha O'Connor, Esq.